STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B001001	A. BUILDING: _____ B. WING _____	12/02/2025

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HEARTLAND MEADOWS, LLC	1727 OREGON ROAD IOLA, KS 66749

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 192669 and 190038, for the above named facility conducted on 12/01/25 and 12/02/25.	S 000		
S5080 SS=E	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201 (a) The facility reported a census of 12 residents. The sample included 4 "Residents'" (R)'s. Based on interview and record review; The operator failed to ensure the FCS integrated into the	S5080		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S5080	Continued From page 1	S5080		

combined FCS/" Negotiated Service Agreement" (NSA) for R2 contained each element specified by the department.
The Operator further failed to ensure the screening that determined the "Functional Capacity" (FCS) for R3 included each definition specified by the department for his cognition.

Findings included:

- Record review for R2 revealed admission date of 08/15/23 with diagnoses of anemia, long term use of anticoagulants, repeated falls, hypertension, presence of a cardiac pacemaker, atrial fibrillation, atherosclerotic heart disease, and orthostatic hypotension.

Review of R2's combined FCS/NSA dated 08/14/25 revealed the section titled "Functional Screen" with "C. Bladder Continence".

Review of the "Resident Functional Capacity Screen Manual" update 07/11/08 in the section titled "Functional Screen" listed the following elements to be screened;

"A. Activities of Daily Living
1. Bathing
2. Dressing
3. Toileting
4. Transfer
5. Walking, Mobility
6. Eating

B. Instrumental Activities of Daily Living
1. Meal Preparation
2. Shopping
3. Money Management

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S5080	Continued From page 2 4.Transportation 5. Use of Telephone 6. Laundry and Housekeeping 7. Management of Medications 8. Management of Medical Treatments C. Bladder Continence 0. Continent 1. Usually Continent 2. Occasionally incontinent 3. Frequently incontinent 4. Incontinent D. Cognition A. Short - term memory B. Long Term Memory C. Memory/Recall D. Decision Making E. Communication 1. Expresses information content 0. Understandable 1. Usually Understandable 2. Sometimes Understandable 3. Rarely or Never understandable 2. Ability to Understand others verbal information 0. Understands 1. Usually Understands 2. Sometimes Understands 3. Rarely or Never understands Interview on 12/02/25 at approximately 11:40 AM with Operator A confirmed R2's combined FCS/NSA lacked all elements specified by the	S5080		

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S5080	Continued From page 3 department except "C. Bladder continence". Record review for R3 revealed an admission date of 07/23/25 with diagnoses of diabetes mellitus type two, acute ischemic stroke, chronic anemia, hypertension, situational anxiety. Review of R3's FCS dated 10/28/25 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, and walking. R3 lacked the ability to manage his own medications and medical treatments. R3 was frequently incontinent, and had impaired short-term memory, long term memory, memory/recall, and decision making. R3's total cognition score was "44". R3 was usually able to make himself understood and he usually understood others. R3 was at risk for falls, wandering, and had impaired decision making. R3 used a walker mobility device. Review of the "Resident Functional Capacity Screen Manual" update 07/11/08 in the section titled "D. Cognition, Memory, Recall", Instructed the individual conducting the screen to; For Short Term Memory enter a "0" if the resident was able to recall events and enter a "1" if the resident had difficulty recalling the events. For Long Term Memory enter a "0" if the resident was able to demonstrate long term memory and enter a "1" if the resident had difficulty with long term memory. For Memory/Recall enter a "0" if the resident did not appear to have difficulty with memory/recall	S5080		

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S5080	Continued From page 4 and enter a "1" if the resident had difficulty with memory/recall For Decision Making enter a "0" if the resident was able to make consistent, reasonable and organized decision and enter "1" if the resident had difficulty with making decisions or does not make decisions. Interview on 12/02/25 at approximately 11:40 AM with Operator A confirmed the cognition score for R3 did not match the departments defined score. The operator failed to ensure the FCS integrated into the combined FCS/" Negotiated Service Agreement" (NSA) for R2 contained each element specified by the department. The Operator further failed to ensure the screening that determined the "Functional Capacity" (FCS) for R3 included each definition specified by the department for his cognition.	S5080		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201 (d)	S5095		

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S5095	Continued From page 5	S5095		

The facility reported a census of 12 residents. The sample included 4 "Residents'" (R)'s. Based on observation, interview, and record review, the Operator failed to ensure the screening that determined R1's functional capacity was accurately reflected on R1's screening form.

Findings included:

- Record review for R1 revealed an admission date of 12/29/23 with diagnose of hypertension, depression, cerebral vascular accident, and atherosclerotic heart disease of the native coronary artery.

Review of R1's "Functional Capacity Screen" (FCS) dated 10/02/25 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility and eating. He lacked the ability to manage his own medications and medical treatments, and he was frequently incontinent. R1 had impaired short term memory, memory/recall, and decision making. R1 was usually able to make himself understood and he usually understood others. R1 was at risk for falls, he had impaired vision, and impaired decision making. R1 used a walker and mechanical lift mobility devices.

Review of the facility provided document titled "Standard Assessment with Behavioral Care Items" dated 10/02/25 instructed facility staff to assist R1 with his medications and provide a mechanical soft diet with nectar thick liquids. Facility staff were to provide extensive assistance with bathing, dressing, toileting, and ambulation. R1 was a two person transfer with

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S5095	Continued From page 6 mechanical lift and incase of emergency R1 could be transferred by one staff member. Interview on 12/01/25 at approximately 10:50 AM with Operator A confirmed the "Standard Assessment with Behavioral Care Items" was R1's "Negotiated Service Agreement". Observation on 12/01/25 at approximately 10:15 AM, R1 was sitting on the east end of the facility dining room table in a wheelchair with a blue mechanical lift sling underneath of him. Interview on 12/02/25 at approximately 11:40 AM with Operator A and "Certified Medication Aide" CMA B confirmed R1 uses a mechanical lift, and a two staff assist with transferring, and a wheelchair for mobility. Operator A continued to confirm that in case of an emergency R1 could be transferred with a one person assist to the wheelchair. Operator A continued to confirm R1's FCS lacked the wheelchair identified as R1's mobility device used. The Operator failed to ensure the screening that determined R1's functional capacity was accurately reflected on R1's screening form.	S5095		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal	S5105		

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S5105	Continued From page 7	S5105		

representative, the resident ' s family. The negotiated service agreement shall provide the following information:
(1) A description of the services the resident will receive;
(2) identification of the provider of each service; and
(3) identification of each party responsible for payment if outside resources provide a service.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-42-202 (a) (1) (2) (3)

The facility reported a census of 12 residents. The sample included 4 "Residents'" (R)'s. Based on interview and record review, the Operator failed to ensure the development of a written "Negotiated Service Agreement" (NSA) for R1. The Operator further failed to ensure the NSA for R3 contained a description of services the reside would receive, the provider of each service, and identification of each party responsible for payment when an outside resource provided a service.

Findings included:

- Record review for R1 revealed an admission date of 12/29/23 with diagnose of hypertension, depression, cerebral vascular accident, and atherosclerotic heart disease of the native coronary artery.

Review of R1's "Functional Capacity Screen" (FCS) dated 10/02/25 revealed R1 required

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S5105	Continued From page 8	S5105		

physical assistance with bathing, dressing, toileting, transferring, walking/mobility and eating. He lacked the ability to manage his own medications and medical treatments, and he was frequently incontinent. R1 had impaired short term memory, memory/recall, and decision making. R1 was usually able to make himself understood and he usually understood others. R1 was at risk for falls, he had impaired vision, and impaired decision making. R1 used a walker and mechanical lift mobility devices.

Review of the facility provided document titled "Standard Assessment with Behavioral Care Items" dated 10/02/25 instructed facility staff to assist R1 with his medications and provide a mechanical soft diet with nectar thick liquids. Facility staff were to provide extensive assistance with bathing, dressing, toileting, and ambulation. R1 was a two person transfer with mechanical lift and incase of emergency R1 could be transferred by one staff member.

Interview on 12/01/25 at approximately 10:50 AM with Operator A confirmed the "Standard Assessment with Behavioral Care Items" was R1's "Negotiated Service Agreement".

- Record review for R3 revealed an admission date of 07/23/25 with diagnoses of diabetes mellitus type two, acute ischemic stroke, chronic anemia, hypertension, situational anxiety.

Review of R3's FCS dated 10/28/25 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, and walking. R3 lacked the ability to manage his own medications and medical treatments. R3 was frequently

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S5105	Continued From page 9 incontinent, and had impaired short-term memory, long term memory, memory/recall, and decision making. R3 was usually able to make himself understood and he usually understood others. R3 was at risk for falls, wandering, and had impaired decision making. R3 used a walker mobility device. Review of R3's NSA dated 10/28/25 instructed facility staff to manage and administer R3's medications and provide physical assistance with bathing, ambulation, dressing and toileting. In the section titled "Services Provided by Outside Agency" a local hospice agency was listed. Review of R3's medical record revealed a document titled "Physical Therapy Evaluation" dated 07/29/25. Interview on 12/02/25 at approximately 11:40 AM with Operator A and "Certified Medication Aide" CMA B confirmed R3 was not on hospice services, they continued to confirm R3 was on service with a local Home Health Agency for Physical and Occupational Therapy services. The Operator failed to ensure the development of a written NSA for R1. The Operator further failed to ensure the NSA for R3 contained a description of services the reside would receive, the provider of each service, and identification of each party responsible for payment when an outside resource provided a service.	S5105		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed	S5161		

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S5161	Continued From page 10 nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-204 (d) The facility reported a census of 12 residents. The sample included 4 "Residents'" (R)'s. Based on interview and record review, the Operator failed to ensure the "Negotiated Service Agreements'" (NSA)'s for R1 and R2 contained the name of the nurse responsible for the implementation and supervision of the health service plans. Findings included: - Record review for R1 revealed an admission date of 12/29/23 with diagnose of hypertension, depression, cerebral vascular accident, and atherosclerotic heart disease of the native coronary artery. Review of R1's "Functional Capacity Screen" (FCS) dated 10/02/25 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility and eating. He lacked the ability to manage his own medications and medical treatments, and he was frequently incontinent. R1 had impaired short term memory, memory/recall, and decision making. R1 was usually able to make himself understood and he usually understood others. R1 was at risk for falls, he had impaired vision, and impaired decision making. R1 used a walker	S5161		

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S5161	Continued From page 11	S5161		

and mechanical lift mobility devices.

Review of the facility provided document titled "Standard Assessment with Behavioral Care Items" dated 10/02/25 instructed facility staff to assist R1 with his medications and provide a mechanical soft diet with nectar thick liquids. Facility staff were to provide extensive assistance with bathing, dressing, toileting, and ambulation. R1 was a two person transfer with mechanical lift and incase of emergency R1 could be transferred by one staff member.

Interview on 12/01/25 at approximately 10:50 AM with Operator A confirmed the "Standard Assessment with Behavioral Care Items" was R1's "Negotiated Service Agreement" and the document lacked the name of the nurse responsible for the supervision and implementation of the health service plan.

- Record review for R2 revealed admission date of 08/15/23 with diagnoses of anemia, long term use of anticoagulants, repeated falls, hypertension, presence of a cardiac pacemaker, atrial fibrillation, atherosclerotic heart disease, and orthostatic hypotension.

Review of R2's combined FCS/NSA dated 08/14/25 revealed R2 was occasionally incontinent, at risk for falls, and used a walker mobility device. Staff to assist R2 with routine and as needed medications as directed.

Interview on 12/02/25 at approximately 11:40 AM with Operator A and "Certified Medication Aide" B confirmed R2's combined FCS/NSA lacked the name of the nurse responsible for the

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S5161	Continued From page 12 supervision and implementation of the health service plan. The Operator failed to ensure the "Negotiated Service Agreements'" (NSA)'s for R1 and R2 contained the name of the nurse responsible for the implementation and supervision of the health service plans.	S5161		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-204 (i) The facility reported a census of 12 residents. The sample included 4 "Residents'" (R)'s. Based on observation interview and record review; The operator failed to ensure all health care services were provided within professional standards of practice for R1 when the Operator failed to list the bed assist device in the comments section of R1's "Functional Capacity Screen", and the Operator further failed to include a description of the device, its purpose and special instructions on use and monitoring in R1's "Negotiated Service Agreement" (NSA). . - Record review for R1 revealed an admission date of 12/29/23 with diagnose of hypertension, depression, cerebral vascular accident, and atherosclerotic heart disease of the native	S5171		

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coronary artery.

Review of R1's "Functional Capacity Screen" (FCS) dated 10/02/25 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility and eating. He lacked the ability to manage his own medications and medical treatments, and he was frequently incontinent. R1 had impaired short term memory, memory/recall, and decision making. R1 was usually able to make himself understood and he usually understood others. R1 was at risk for falls, he had impaired vision, and impaired decision making. R1 used a walker and mechanical lift mobility devices.

The Comments section of R1's FCS lacked documentation of R1 having bedrails.

Review of the facility provided document titled "Standard Assessment with Behavioral Care Items" dated 10/02/25 instructed facility staff to assist R1 with his medications and provide a mechanical soft diet with nectar thick liquids. Facility staff were to provide extensive assistance with bathing, dressing, toileting, and ambulation. R1 was a two person transfer with mechanical lift and in case of emergency R1 could be transferred by one staff member.

R1's NSA lacked documentation of a description of the device, its purpose and special instructions on use and monitoring of the device.

Observation 12/02/25 at approximately 10:15 AM of R1's bed revealed the head of the bed sat in the northeast corner of the room. One side of the bed sat against the east wall and had in the up

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position a rectangular bed assist device that was securely attached to the bed. On the west side of the bed the bed assist device was in the down position. The device measured approximately 19 inches in height and 37 inches in width. The devices posed no risk for entrapment.
The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following:

Complete an assessment of the resident to confirm that the device is not a restraint.

Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record.

Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record.

If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section.

Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA.

Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of

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S5171	Continued From page 15 the device in the resident's record. Interview on 12/02/25 at approximately 11:40 AM with Operator A confirmed the NSA for R1 lacked documentation of a description of the device, its purpose and special instructions on use and monitoring. The operator failed to ensure all health care services were provided within professional standards of practice for R1 when the Operator failed to list the bed assist device in the comments section of R1's "Functional Capacity Screen", and the Operator further failed to include a description of the device, its purpose and special instructions on use and monitoring in R1's NSA.	S5171		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (b) The facility reported a census of 12 residents. The sample included 4 "Residents'" (R)'s. Based	S5286		

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S5286	Continued From page 16	S5286		

on interview and record review; The operator failed to ensure The "Negotiated Service Agreement" (NSA) for R2 reflected that R2 administered some of her own medications, and the Operator further failed to ensure the NSA identified who was responsible for the administration and management of selected medications for R2.

Findings included:

- Record review for R2 revealed admission date of 08/15/23 with diagnoses of anemia, long term use of anticoagulants, repeated falls, hypertension, presence of a cardiac pacemaker, atrial fibrillation, atherosclerotic heart disease, and orthostatic hypotension.

Review of R2's combined "Functional Capacity Screen" (FCS)/NSA dated 08/14/25 revealed the section titled "Functional Screen" with "C. Bladder Continence". Under the section titled "Medication Administration:" it was marked that staff would assist with routine medications, and as needed medications as directed, and "Staff dispenses scheduled medications".

R2's combined FCS/NSA dated 08/14/25 reflected that R2 was self-administering some of her own medications. R2's combined FCS/NSA further lacked who was responsible for the administration and management of selected medications

Review of R2's medical record under the "Assessments" tab revealed an assessment titled "Self-Medication Assessment" dated 06/05/25

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S5286	Continued From page 17	S5286		

and it was documented that R2 was able to " ...independently self-administer his/her own medications and maintain possession of the medication.

Observation on 12/02/25 at approximately 10:45 AM of R2's bathroom revealed a set of shelves in the northeast corner of the bathroom. On the shelfs were the following "Over-the-Counter" medications;

1 bottle of Centrum Vitamins
2 bottles of Pressure Vision Eye Vitamins
1 bottle of Systane eye drops.

On the small table next to R2's recliner is a small white pill in a pharmacy package.
Interview on 12/02/25 at approximately 10:45 AM with R2 revealed the pill was her Famotidine. R2 confirmed the facility "Certified Medication Aides'" (CMA)'s gives her the pill at breakfast and that she brings it back to her room and she self-administers the pill at 11:30 AM.

Interview on 12/02/25 at approximately 11:40 AM with Operator A and CMA B confirmed that CMA B had been providing the Famotidine to R2 at breakfast and R2 takes it back to her room for self-administration at 11:30 AM. Operator A confirmed that the facility CMA's should be staying with the resident until all medications are taken, she continued to confirm that when R2 goes out with her family they facility sends the Famotidine with R2. Operator A further confirmed that R2 should not be taking the medication back to her room.

Review of R2's signed provider orders revealed

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S5286	Continued From page 18 an order for Famotidine 20 Milligrams 1 tablet orally one time daily. The operator failed to ensure The NSA for R2 reflected that R2 administered some of her own medications, and the Operator further failed to ensure the NSA identified who was responsible for the administration and management of selected medications for R2.	S5286		
S5335 SS=E	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-437 (a) The facility reported a census of 12 residents. The sample included 4 "Residents'" (R)'s. Based on observation, interview, and record review the Operator failed to ensure the facility was maintained to protect the health and safety of the residents. Findings included: - Review of the facility provided document titled	S5335		

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S5335	Continued From page 19 "Resident Roster", revealed the facility had nine cognitively impaired residents. Observation on 12/01/25 at approximately 10:15 AM a door on the southeast side of the small hallway in the middle of the home was propped open and on the north counter of the room sat a large bottle of Pine Sol cleaner. In the room on the south hall on the east side of the living room identified as the homes "Tornado Shelter", on the top of the housekeeping cart a can of spray Lysol was laid on its side. In cognitively impaired R4's bathroom a can of "Angel of Mine" air freshener sat on the shelf above the toilet. In cognitively impaired R1's bathroom sat a plastic 3 drawer cabinet with the following unsecured chemicals: 2 bottles of Febreze air freshener, 1 bottle of Mr. Clean Clean Freak spray, 2 cans of Woolite carpet cleaning spray, 2 containers of Clorox disinfectant wipes, and a bottle of Great value all purpose cleaner. Review of the facility policy titled "Resident Accessibility and Safety" dated 05/01/23 revealed the following; "Items which are found may be a safety hazard to residents or community staff should be reported immediately to the maintenance man or the operator. Items reported as safety hazards will be addressed as soon as possible to prevent potential injury". Interview on 12/02/25 at approximately 11:37 AM with Operator A and "Certified Medication Aide" (CMA) B confirmed all cleaning chemicals should be secured. The Operator failed to ensure the facility was maintained to protect the health and safety of the	S5335		

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S5335	Continued From page 20 residents.	S5335		